

ARMY-SPONSORED TRAINING APPLICATION

PRIVACY ACT NOTICE

Individuals asked or required to furnish personal information are advised of this following: AUTHORITY: 5 USC 3302.

PURPOSES & USES: Your completed ARMY-SPONSORED TRAINING APPLICATION will be used by a rating panel of subject matter experts in determining whether you are highly qualified for consideration for Army-sponsored training. It may also be reviewed by selecting officials and other personnel involved in the selection process, in developing training plans, and in other phases of the program. Information you supply may also be used for preparing reports, and replying to correspondence.

<u>Check One</u> School or Program	<input type="checkbox"/> ACP <input type="checkbox"/> ELC <input type="checkbox"/> LEDC <input type="checkbox"/> SELC <input type="checkbox"/> CPD-Univ	<input type="checkbox"/> AMSC (Res)(#) <input type="checkbox"/> EMPEP <input type="checkbox"/> LEGIS <input type="checkbox"/> MDMPEP <input type="checkbox"/> OTHER(Specify):	<input type="checkbox"/> AMSC(NR) <input type="checkbox"/> GCAP/AFIT <input type="checkbox"/> MMPEP <input type="checkbox"/> TMPEP	<input type="checkbox"/> AWCC <input type="checkbox"/> ICAF <input type="checkbox"/> SARSF <input type="checkbox"/> CPD-TWI
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1. NAME (Last, First, MI):	2. Social Security No.	3. Pay Plan/Series/Grade/Step
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4. Army Acquisition? Corps Member <input type="checkbox"/> Workforce <input type="checkbox"/> Not Applicable <input type="checkbox"/>	5. Length of Service (Years, Months)	6. Last Promotion (Year, Month)	7. Career Program or Career Field	8. Security Clearance
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9. Home Address (Street, City, State & Zip)	10a. Organization Name/Office Address 10b. E-mail Address:	11. MACOM
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12. PHONE NUMBERS	a. HOME (with area code)	b. OFFICE Commercial	c. OFFICE DSN	d. OFFICE FAX
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13. MOTIVATION FOR ATTENDANCE: What do you hope to achieve by participating in this program? Address how attendance will enhance your contribution to the organization and the Army's mission. In what ways do you expect your background, experience and capabilities to contribute to classroom and study group discussions?. (Response must not exceed this page)

14. APPLICANT SIGNATURE	15. DATE
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CONTINUED ON REVERSE SIDE

SUPERVISORY RATING AND ENDORSEMENT

16. For each knowledge or ability shown, please indicate the level that best describes your observation of the applicant's performance with respect to that knowledge or ability, using the following numerical scale:

5 - SUPERIOR
4 - HIGHLY ACCEPTABLE

3 - ACCEPTABLE
2 - MINIMALLY ACCEPTABLE

1 - UNACCEPTABLE
0 - UNKNOWN

- _____ ABILITY TO RESEARCH, ANALYZE AND EVALUATE. Ability to obtain information, define problems, identify relationships, evaluate quality, assess impacts and consequences, make conclusions/recommendations; ability to determine quality of projects, programs, or performance by comparison against standards or objectives.
- _____ ABILITY TO COMMUNICATE ORALLY. Ability to brief, instruct, explain, advise, or persuade on job-related matters.
- _____ ABILITY TO COMMUNICATE IN WRITING. Ability to express ideas in writing, e.g., reports, information papers, letters, manuals, published professional or other material.
- _____ PROFESSIONAL KNOWLEDGE. Expertise and knowledge of his/her occupational field.
- _____ KNOWLEDGE OF POLICY MAKING PROCESS. Knowledge of methods, procedures and systems used to develop and issue policy; understanding and assessing impact of policy upon user.
- _____ ABILITY TO INNOVATE AND SYNTHESIZE. Ability to develop policies, procedures, programs, or solutions to problems; ability to integrate or orchestrate to produce new ideas or strategies; ability to originate action ("self starter").

17. COMMENTS RELATING TO RATINGS:

18. In the space below, provide your recommendation for this employee's participation in the training/development program indicated, AND utilization plan (be specific) to ensure a return on the training investment.

19. Supervisor's NAME, TITLE AND GRADE

20. SIGNATURE

21. DATE